

RESPONDENT 1: _____

TITLE: _____

RESPONDENT 2: _____

TITLE: _____

RESPONDENT 3: _____

TITLE: _____

SP ID #: _____

SP NAME: **ROSTFNAM, ROSTMINI, ROSTLNAM**DATE OF INTERVIEW: **MRESBDAT**

INTERVIEWER NAME: _____

INTERVIEWER ID: **MRESINIT**FACILITY ID: **FACID**START TIME: **MRESBTIM** AM/PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH CARE FINANCING ADMINISTRATION

MEDICARE CURRENT BENEFICIARY SURVEY
CONDUCTED BY WESTAT

FACILITY COMPONENT BASELINE QUESTIONNAIRE

B Q

In this questionnaire we will be collecting information about (SP's) stay in this facility and some detail about (SP's) background and health status.

**Do you have the medical files and records for SP? IF NOT, ASK
RESPONDENT TO GET RECORDS.**

ASSURANCE OF CONFIDENTIALITY

Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence by Westat and HCFA, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of HCFA without the consent of the individual or the establishment in accordance with the Privacy Act of 1974.

JANUARY 1996

A. DEMOGRAPHICS/INCOME

A1. Is (SP) male or female?

ROSTSEX	MALE	1
	FEMALE	2

A2. What is (SP's) date of birth? VERIFY AGE USING CARD A1. (ENTER ON FLAP)

HHDOBMM, HHDOBDD, HHDOBY

These next few questions are about (SP's) national origin, education and marital status.

A3. Looking at this card, which category best describes (SP's) race?

SHOW CARD A2	FPRACE	AMERICAN INDIAN	1
	FPRACEOS	ASIAN OR PACIFIC ISLANDER	2
		BLACK/AFRICAN AMERICAN	3
		WHITE	4
		OTHER (SPECIFY)	91
		DON'T KNOW	-8

A4. Is (SP) of Hispanic origin?

FPETHNIC	YES	1
	NO	2
	DON'T KNOW	-8

A5. What is the highest grade or year of school (SP) ever completed? CIRCLE ONLY ONE.

SPHIGRAD

ELEMENTARY

1ST GRADE OR LESS 01
 2ND GRADE 02
 3RD GRADE 03
 4TH GRADE 04
 5TH GRADE 05
 6TH GRADE 06
 7TH GRADE 07
 8TH GRADE 08

HIGH SCHOOL

1ST YEAR 09
 2ND YEAR 10
 3RD YEAR 11
 4TH YEAR 12

COLLEGE & GRADUATE SCHOOL

1 YEAR 13
 2 YEARS 14
 3 YEARS 15
 4 YEARS 16
 5 YEARS 17
 6 YEARS OR MORE 18
 DON'T KNOW -8.

BOX A1	CHECK BIRTHDATE ON INFORMATION SHEET. IF AGE LESS THAN 17 YEARS, SKIP TO A13.
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A6. Is (SP) currently married, widowed, divorced, separated, or never married?

SPMARSTA

MARRIED 1
 WIDOWED 2
 DIVORCED 3
 SEPARATED 4
 NEVER MARRIED 5
 DON'T KNOW -8

A7. Did (SP) ever serve in the Armed Forces of the United States?

FPAFEVER

YES 1 (A8)
 NO 2 (A9)
 DON'T KNOW -8 (A9)

- A8. Looking at this card, which time period best describes when (SP) served in the Armed Forces?
CIRCLE ALL THAT APPLY

SHOW CARD A3	FPAFVIET	VIETNAM ERA (Aug 1964 - May 1975)	1
	FPAFKORE	KOREAN CONFLICT (June 1950 - Jan 1955)	2
	FPAFWWII	WORLD WAR II (Sept 1940 - July 1947)	3
	FPAFWWI	WORLD WAR I (1917-1918)	4
	FPAFPEAC	PEACE TIME ONLY (ALL OTHER TIMES) ..	5
		DON'T KNOW	-8

- A9. Was (SP) ever an active member of a National Guard or military reserve unit of the United States?

FPNGEVER	YES	1 (A10)
	NO	2 BOX A2
	DON'T KNOW	-8 BOX A2

- A10. Was all of (SP's) active duty related to National Guard or military reserve training?

FPNGALL	YES	1 (A11)
	NO	2 (A11)

BOX A2	IS A7 CODED "1" (SP SERVED IN ARMED FORCES)?	
	YES	1 (A11)
	NO	2 (A13)

- A11. Does (SP) have a disability related to (his/her) service in the Armed Forces of the United States?

FPNGDSBL	YES	1 (A12)
	NO	2 (A13)
	DON'T KNOW	-8 (A13)

- A12. What is (SP's) current VA disability rating?

FPVARATE	RATING = _____ %
	DON'T KNOW

- A13. In studies like this, people are sometimes grouped together according to income.

Looking at this card, please tell me what is the total yearly income for (SP) [and (his/her) spouse] received from jobs, businesses, interest, Social Security, Railroad Retirement, Supplemental Security Income (SSI), pensions, and any other sources of income, before taxes or any deductions.

SHOW CARD A4	SPFACINC	AMOUNT \$ _____ (SECTION B)
		REFUSED
		DON'T KNOW

A14. Is it less than \$25,000?

SPINCL25	YES	1 (A15)
	NO	2 (A16)
	REFUSED	-7 (SECTION B)
	DON'T KNOW	-8 (SECTION B)

A15. Would you say it is . . .

SPFACIN3	Less than \$5,000;	1	} (SECTION B)
	\$5,000 to \$9,999;	2	
	\$10,000 to \$14,999;	3	
	\$15,000 to \$19,999; or	4	
	\$20,000 to \$24,999?	5	
	REFUSED	-7	
	DON'T KNOW	-8	

A16. Would you say it is . . .

SPFACIN4	\$25,000 to \$29,999;	1
	\$30,000 to \$34,999;	2
	\$35,000 to \$39,999;	3
	\$40,000 to \$44,999;	4
	\$45,000 to \$49,999; or	5
	\$50,000 or more?	6
	REFUSED	-7
	DON'T KNOW	-8

GO TO SECTION B, RESIDENCE HISTORY
